03-03-05

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000321

01/12/2005

SENNIGER POWERS LEAVITT AND ROEDEL ONE METROPOLITAN SQUARE 16TH FLOOR **ST LOUIS, MO 63102**

03/04/2005 RMEBRAH1 00000005 10822931

01 FC:2501 02 FC:1504 700.00 OP 300.00 OP

FILING DATE

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Denise L. Wright (Signature (Date 2005

03 FC: 8001 APPLICATION NO. 10/822.931

04/13/2004

FIRST NAMED INVENTOR Don M. Sloan

SLON 8480

ATTORNEY DOCKET NO

CONFIRMATION NO 4433

TITLE OF INVENTION: APPARATUS FOR INSTALLING AND REMOVING TEAT CUP LINERS

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	04/12/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
PRICE, RICHARD THOMAS JR		3643		119-014470		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Senniger Powers 2 3			ger Powers

'3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sloan Manufacturing, Inc.

Quincy, Illinois

Please check the appropriate assignee category or categories (will	ot be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government
4a. The following fee(s) are enclosed: 3 Issue Fee 4 Publication Fee (No small entity discount permitted) 4 Advance Order - # of Copies 10	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-1345 (enclose an extra copy of this form).
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Authorized Signature

■ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Kurt F. James

■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No. $_33$, 716 Typed or printed name

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